

**State of Ohio**  
**Standard Inspection Report**

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility <b>Thornton's #559</b>	Check one <input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE	License number <b>463</b>	Date <b>2/12/13</b>
Address <b>1550 Grand Blvd, Ham, OH 43011</b>		Category/Descriptive <b>C3&lt; 25 K ft z</b>	
License holder <b>Thornton Inc.</b>	Inspection time (min) <b>60</b>	Travel time (min) <b>15</b>	Other
Type of visit (check) <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Complaint		Follow-up date (if required)	Sample date/result (if required)
<input type="checkbox"/> Follow up <input type="checkbox"/> Foodborne <input type="checkbox"/> 30 day <input type="checkbox"/> Prelicensing <input type="checkbox"/> Consultation <input type="checkbox"/> Other specify			

**3717-1 OAC Violation Checked**

**Management and Personnel**

<input type="checkbox"/>	2.1 Employee health
<input type="checkbox"/>	2.2 Personal cleanliness
<input type="checkbox"/>	2.3 Hygienic practices
<input type="checkbox"/>	2.4 Supervision

<input type="checkbox"/>	4.4 Maintenance and operation
<input type="checkbox"/>	4.5 Cleaning of equipment and utensils
<input type="checkbox"/>	4.6 Sanitizing of equipment and utensils
<input type="checkbox"/>	4.7 Laundering
<input type="checkbox"/>	4.8 Protection of clean items

**Poisonous or Toxic Materials**

<input type="checkbox"/>	7.0 Labeling and identification
<input type="checkbox"/>	7.1 Operational supplies and applications
<input type="checkbox"/>	7.2 Storage and display separation

**Food**

<input type="checkbox"/>	3.0 Safe, unadulterated and honestly presented
<input type="checkbox"/>	3.1 Sources, specifications and original containers
<input type="checkbox"/>	3.2 Protection from contamination after receiving
<input type="checkbox"/>	3.3 Destruction of organisms
<input type="checkbox"/>	3.4 Limitation of growth of organisms
<input type="checkbox"/>	3.5 Identity, presentation, on premises labeling
<input type="checkbox"/>	3.6 Discarding or reconditioning unsafe, adulterated
<input type="checkbox"/>	3.7 Special requirements for highly susceptible populations

**Water, Plumbing, and Waste**

<input type="checkbox"/>	5.0 Water
<input type="checkbox"/>	5.1 Plumbing system
<input type="checkbox"/>	5.2 Mobile water tanks
<input type="checkbox"/>	5.3 Sewage, other liquid waste and rainwater
<input type="checkbox"/>	5.4 Refuse, recyclables, and returnables

**Special Requirements**

<input type="checkbox"/>	8.0 Fresh juice production
<input type="checkbox"/>	8.1 Heat treatment dispensing freezers
<input type="checkbox"/>	8.2 Custom processing
<input type="checkbox"/>	8.3 Bulk water machine criteria
<input type="checkbox"/>	8.4 Acidified white rice preparation criteria
<input type="checkbox"/>	9.0 Facility layout and equipment specifications
<input type="checkbox"/>	20 Existing facilities and equipment

**Equipment, Utensils, and Linens**

<input type="checkbox"/>	4.0 Materials for construction and repair
<input type="checkbox"/>	4.1 Design and construction
<input checked="" type="checkbox"/>	4.2 Numbers and capacities
<input type="checkbox"/>	4.3 Location and installation

**Physical Facilities**

<input type="checkbox"/>	6.0 Materials for construction and repair
<input type="checkbox"/>	6.1 Design, construction, and installation
<input checked="" type="checkbox"/>	6.2 Numbers and capacities
<input type="checkbox"/>	6.3 Location and placement
<input type="checkbox"/>	6.4 Maintenance and operation

**Administrative**

<input type="checkbox"/>	901.3-4 OAC
<input type="checkbox"/>	3701-21 OAC

**Violation(s)/Comment(s)**    *non-critical*    *R-repeat*

*6.2 Observed two hand washing sinks located at the 3-compartment sink and in the K-ken prep area without hand towels. Provide hand towels/drying device to provide proper hand washing supplier to promote frequent handwashing. Corrected during inspection.*

*4.2 Reach-in ready to eat self serve cooler had varying temperatures for food held at unit. Exterior thermometer showed up to 59°F during defrost cycle/backdown to 41°F before end of inspection yogurt/granola parfait read 41-45°F Sandwich at bottom shelf reading 45°F. Ensure unit holding all food at ≤41°F at all times. Adjust, place temperature curtain on unit or repair to ensure proper holding.*

Inspected by <i>Camille Mubione RS</i>	R.S./SIT # <i>2357</i>	Licenser <i>Hamilton Cb</i>
Received by <i>[Signature]</i>	Title <i>General Manager</i>	Phone <i>513-283-9414</i>

State of Ohio  
Continuation Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility Thornton's # 559	Type of visit Std	Date 2/12/18
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Violation(s)/Comment(s)

NOTE: Both Managers of store have Level II Certification in Food Protection from the Ohio Dept. of Health:

- Brandon Stockman # TBOS-ASPHMP 11/1/17
- Victoria E. Giver # TBOS-ASEJBK 10/23/17

- Operation has Employee Health and Stomach Bug Policy available for review upon request

Inspected by Cammie Melrone, RS	R.S./SIT # 2357	Licensors Hamilton
Received by Karl [Signature]	Title General Manager	Phone 513-223-9415